Effective October 1, 2003 OT (87)													20		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE				OTHER THAN			
TOTAL CLAIMS			8		·			RATE	F	EE	7	RATE	FEE		
FOR			NUMBER FILED		NUM	IMBER EXTRA		BASIC F	EE 38	5.00) OB	BASIC FEE	 		
TOTAL CHARGEABLE CLAIMS			8 minus 20=		•	0		XS 9	. -		1	X\$18=			
INDEPENDENT CLAIMS			/ minus 3 =		·0				+-		OR				
м	JLTIPLE DEPE	NDENT CLAIM P	RESENT					X43=	+-		OR	X86=			
						ر ت		+145=	:		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL	- 38	J.	OB	TOTAL			
5/25/05 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									OTHER THAN SMALL ENTITY OR SMALL ENTITY						
~	1	(Column 1)	1	(Colun		(Column 3)	1 1	SMAL	 _		OR	SMALL			
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	AD TIOI FE	VAL		RATE	ADDI- TIONAL FEE		
	Total	· 12/	Minus	- SC)	=		X\$ 9=)	OR	X\$18=			
	Independent	· /	Minus	-3		= 💆		X43=	K	Y	OR	X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		7	OR	+290=			
								TOTA			OD.	TOTAL			
		(Column 1)		(Colum	n 2)	(Column 3)	F	NDDIT. FE	E		JUN /	ADDIT, FEE			
AMENDMENT B		CLAIMS REMAINING		HIGHE	ST		Г		ADI	Ol-	ſ		ADDI-		
		AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TION	IAL		RATE	TIONAL		
	Total	*	Minus	**	·	=	ŀ	X\$ 9=	FE		OR	X\$18=	FEE		
	Independent	•	Minus	***		=	ı	X43=	T	ヿ	OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						H		+	ᅦ		 :			
							L	+145=	lacksquare		OR	+290=			
								TOTAL DDIT. FEE			OR A	TOTAL ODIT. FEE			
-,						_	-								
Z ŀ	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT. EXTRA		RATE	ADD TION FEE	AL		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	44		• .	1	X\$ 9=		\neg	OR	X\$18=			
	Independent	±	Minus	***		=	H	X43=	 	\exists	-	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							740=	╂	\dashv	OR	∧00=			
* 16	the entry in entry	no 1 is loss than the		O	Nº in!		L	+145=	ŀ		OR	+290=			
	the "Highest Nun the "Highest Nur	nn 1 is less than the nber Previously Pai mber Previously Pai ber Previously Paid	d For IN THIS d For IN THIS	S SPACE is I S SPACE is I	ess than less than	20, enter "20." 3, enter "3."		TOTAL ODIT. FEE d in the ap	<u> </u>			TOTAL DDIT. FEE mn 1.			

Application or Docket Number